

Commissioners

Mary Jo Kilroy, President
Paula Brooks
Marilyn Brown

Economic Development & Planning Department
James Schimmer, Director

For office use ONLY

Permit Number	Date
H-	

Please PRINT

Name of CONTRACTOR:	Name of OWNER/RESIDENT:
Address:	Address:
Zip Code	Zip Code
Phone Number: ()	Phone Number: ()
Address of JOB:	Township
Zip Code	District & Parcel #

Manufacturers Name		Manufacturers Name	
Furnace Cap. Sq. In	No. of A/C	No. of Furnaces	
Input Rating BTU	A/C Capacity Sq. In.	No. of Warm Air Runs	
Output Rating BTU	Input Rating BTU	No. of Radiators	
	Output Rating BTU		
Estimated Cost	\$		

Sub Total of Fees	
Registration Fee	
1% *OBBS Fee	

*OBBS-Ohio Board of Building Standards

TOTAL FEE	\$
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Comments:

In consideration of permission granted the applicant does hereby covenant and agrees to install said work in all respects, in compliance with the laws of the State of Ohio, and with the provisions of the Franklin County Building Code relating to heating.

Name/Print	Signature
Address:	City/State
	Date